VR A1S (4) 1SM 9/59

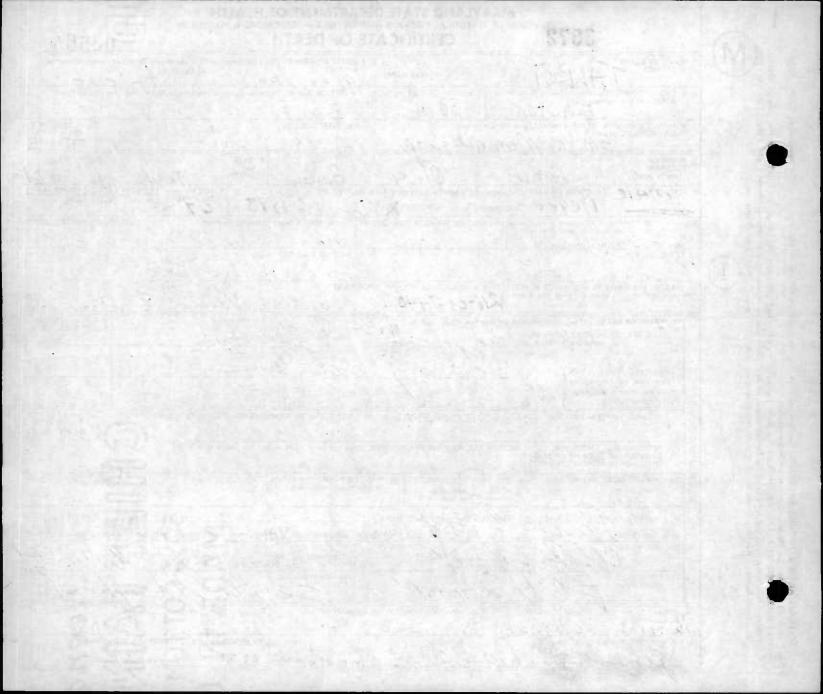
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3571	CERTIFICA	TE OF DEATH 03564
1. PLACE OF DEATH O. COUNTY IA 160	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Caroline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Preston — Rural
d. NAME OF HOSPITAL (If not in hospital, give stre	NOSOITA!	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 2 NO
3. NAME OF DECEASED (Type or print)	MARTICE AND	4. DATE OF DEATH DAY Year 196/
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11020	WED DIVORCED	July 5, 1874 86 yrs.
10a. USUAL OCCUPATION (Give kind af work dane 10 during most af warking life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
Day Laborer	Canning Factor	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
George Adams		Henrietta (maiden name unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT Address
NO 1B. CAUSE OF DEATH [Enter anly one cause per		ohn W. Adams, Beltimore, Maryland
Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> couse last. (c)		
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\bigcup \ NO \(\bigcup \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port II of item 18.)
ZOc. TIME OF INJURY Month, Day, Year 20d Hour o. m. 19 at w	le Not while fac	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (Caunty) (State)
21. I certify that (I) (this haspital) atte		death accurred and R.M., from the causes and an the date stated above.
Mus han Hacis		M.D. PHYS. DIRECTOR PHYS. STAFF SI MED. STAFF SI MED. SI MED.
22c. PHYSICIAN'S NAME (Type) Thurston Harrison	n M.D.	22d. ADDRESS Carlin Mary Cand 31, Mar. 6
23o. Burial, CREMATION, REMOVAL (Specify) Burial April 1,196	23c. NAME OF CEMETERY O	Cemetery 23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE J. J. FRAMPIOM + SON	ADDRESS FEGERALS!	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE 261
		DATE DATE Wing S. Knauge

SERVICE THOUSE SHOWS FROM THE SERVICE the fearest product of the last state of the second state of the s (meaning visuals) and arrestone total order a residence beautiful and the control of The matrices we will

VR A15 (4) 15M 9/59 0

		DIVIS	MAR'	YLAND STA	ATE D		OF HEALT				
		3572		CERTII	FICA	TE OF DEAT	ГН		1	356.	5
1.	PLACE OF DEATH	ALBOT	ď	MAR	YLAND	2. USUAL RESIDENCE o. STATE	(Where deceased	lived. If instituti b. COUNTY	on: Residence	before admis	sion)
	b. CITY OR TOWN (RURAL ond give n	If outside corporate lim	its, write	LENGTH OF STAN		c. CITY OR TOWN	(If outside corpora	ote limits, write R	URAL ond give	nearest tow	n)
-	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street od	20 pur		d. STREET ADDRES	1	1		ON	SIDENCE A FARM?
-		EASTON /	1emor	Tal Hosp	,	109	ABOU] NO 🔯
	NAME OF DECEASED (Type or print)	ARK	UR.	Oliv	ier	Bailey	4. DATE OF DEATH	Mar	uh	Day	Yeor 19 6/
S.	MARK MALE	6. COLOR OF RACE	7. MARRIE	D NEVER MARR		12-14-	1893	AGE (In years lost birthdoy)	Months Do		ER 24 HRS Min.
100	. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	done 10b. Ki	IND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (S	state or foreign cou	intry)	12. CITIZE	OF WHAT	COUNTRY
	Self Em	ployed	56	roe sho	P	MARY	land		lu	SA	
13.	PATHER'S NAME	d Bai	lev			14. MOTHER'S MAID	EN NAME	eobe	~		
	WAS DECEASED EVI	ER IN U. S. ARMED FOI		OCIAL SECURITY NO	D. 17. IN	IFORMANT	. 0	Add	ress	34 - 31	^
			1/1	6-03-144	on	in Paul	me Vo	ney	Los	tony	mb
		ATH [Enter only one of ATH WAS CAUSED BY: JMMEDIATE CAUSE (c	-//	100 (0), (b), and (c)	la	l Anx	wello	う		INTERVAL'BI ONSET AND	DEATH
	420.	DUE TO		and a		246	1.	The sale			
	Conditions, if a	mmediate (o) ce	VONO	7	our	7				
	lying couse lost.	the under-	c)								
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	IDITIONS CO	INTRIBUTING TO DI	ATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS PERFO YES	AUTOPSY ORMED?
CERTIFI	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY (OCCURRE	D. (Enter noture of injur	y in Port I or Port	II of item 1B.)			
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	20d. INJ While of work	URY OCCURRED Not while		ACE OF INJURY (Home, story, street, office bldg.		or town)	(Cou	nty)	(Stote
	21. I certify the	17/1/1/1/	1) attende	d the decepted		leath accurred at	19, to	L			'
	220. SIGNATURE	9/1/1/1	6	- W. and	110	ATTENDING _	MED.	STAFF V	Id on the d		2b. DATE
	22c. PHYSICIAN'S NAME (Type)	F.C.X	4. Sc	hmid	7	M.D. PHYS.	25/01	PHYS.	100	KING	1.
230	RURIAL, CREMATIC		OF	23c. NAME OF CEA	AETERY O	R CREMATORY	23d. LOCATI	ON (City, town,	or county)	md.	ote)
24.	FUNDANAL DIRECTOR	S SIGNATURE	0	ADDRESS	1	3	REC'D BY REGISTR	AR 2Sb. REGI	STRAR'S SIGN	ATURE	
L	Klime	5/36	Wa	elle)	En	com has DATE	MAR 21 '61	an	ilun S. H	rough	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be seed by the haspital or attending physician.

O FUNER, DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO FUNER

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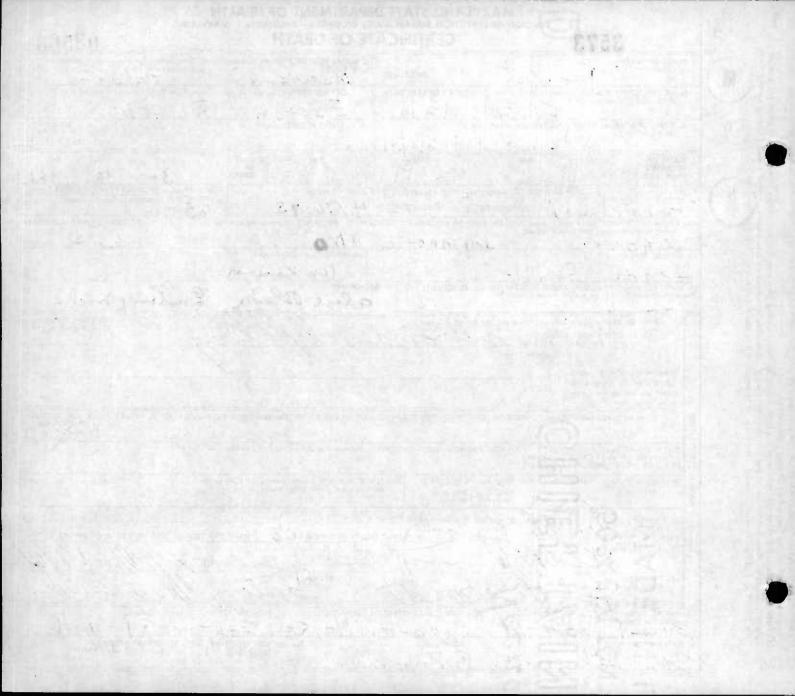
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3573

03566

1.	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY }
	H DO	MARY/AND TAIbot
	b. CITY OR TOWN (If ourside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Н	EASTON 1301	Kepstan RI. R151
1	d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
4	OR INSTITUTION MOMORIAL High tal	ON A FARM? YES NO IT
=	THE WORLD TOOK IFT	
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) II ARIE DRIED	e DIATE DEATH 3- 10 1961
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female Co / WIDOWED DIVORCED	4/10/95 (0.5 yrs. Months Days Hours Min.
10	d. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Lishorer Domestic	Ma
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	11a. D'111a	II. V
1.7	4ENFY Briddie	un Rown
(Y	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	INFORMANT ROLL & Addgess
		acce onthe farm mel.
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	onset and DEATH
	DUE TO	
	Conditions, if any, which gave rise to immediate (b)	
	cause (a), stating the under-	
	lying cause lost. (c)	
O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1		YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I ar Part II of item 18.)
E S	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
1	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State)
MEDICAL	Hour a.m. While Not while	actory, street, office bldg., etc.)
2	p. m. 19 at work at work	
	21 I certify that (1) (this hospital) ottended the decembed from	
	sow the deceased alive on the deceased alive on the	death occurred of 2.6.M, from the couses and on the date stated above.
	220. SIGNATURE (20) / //	22b, DATE
	Elleston	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS A
	NAME (Type) + (++ So Son Son Int	Carlon Marlings
-	per it sommer	
23	o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
L	Burial 3-14-61 Copper	VIIIE, ROBIN EASTON KI Md.
24	FUNERAL DIRECTOR'S SIGNATURE , ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Same By Joshell Parting 1	DATE MAR 1 3 '61
	A CONTRACTOR OF THE PROPERTY O	



PLACE OF DEATH o. COUNTY

NAME OF DECEASED

Male

S. SEX

CERTIFICATION

MEDICAL

(Type or print)

13. FATHER'S NAME

No

23a. BURIAL, CREMATION,

REMOVAL (Specify)

b. CITY OR TOWN (If outside corp. RURAL and give nearest town d. NAME OF HOSPITAL (If not in I

10a. USUAL OCCUPATION (Give kind during most of working life, even

15. WAS DECEASED EVER IN U. S. AR

John F. Cell

18. CAUSE OF DEATH | Enter on PART I. DEATH WAS CAUS

Conditions, if ony, which

gove rise to immediate couse (o), stoting the underlying couse lost.

PART II. OTHER SIGNIFICA

Printer

6. COLOR O

Whit

DIVISION OF STATISTICAL RESEARCH A	DEPARTMENT OF HEALTH AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH 03567
MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline
rote limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg — Rural
Menonal Heap.	d. STREET ADDRESS Hurlock Road OSL e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
h miller	Ce// 4. DATE Month 3 - 27 196/
R RACE 7. MARRIED T NEVER MARRIED DIVORCED DIVORCED	June 24, 1890 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
of work done 10b. KIND OF BUSINESS OR INDU fretired) Printing	Chambersburg, Pa. U.S.A.
	Elizabeth M. (maiden name unknown)
dates of service)	rs. J. Miller Cell, Federalsburg, Maryland
y one couse per line for (o), (b), and (c).] SED BY: CAUSE (o)	Vascular accident Interval BETWEEN ONSET AND DEATH 2 clary.
DUE TO Choleys	telling 4 days.
DUE TO Carslesse	arrythmis 10 ym?
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOT
G D 206. DESCRIBE HOW INJURY OCCURRE MINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)

200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING ☐ CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA

20c. TIME OF INJURY Month. Hour o. m. p. m.

1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from._ and that death accurred at 15M, from the couses and on the date stated above. sow the deceased olive on MM 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR -

22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

> 23c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery

23d. LOCATION (City, town, or county)
Federalsburg, Maryland (Stote)

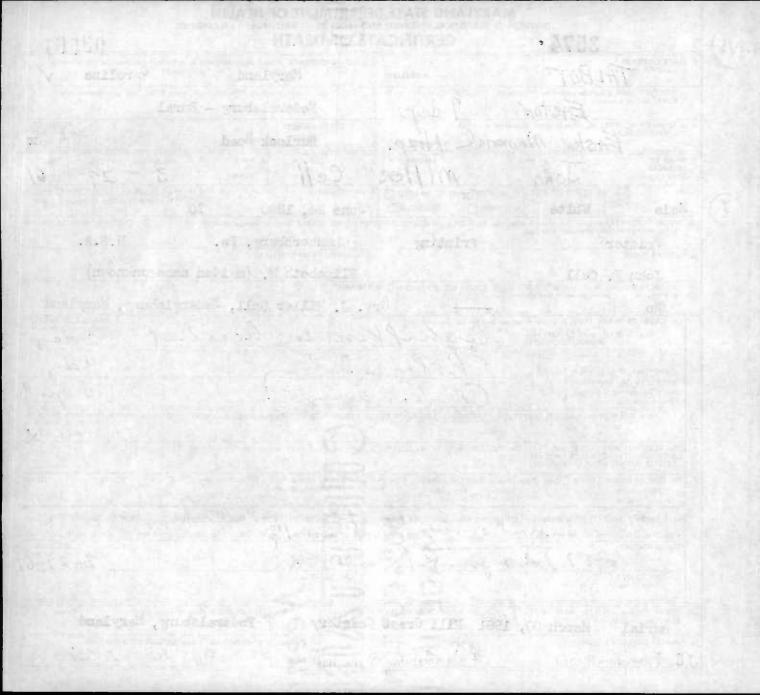
March 30, 1961 ADDRESS FEDERAL SOURGE

23b. DATE THEREOF

250. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

aritury S. Kraus



3575 CERTIFICATE OF DEATH with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. COUNTY filed g. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld EASTON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ×CV puo NAME OF First Middle 4. DATE last Manth DECEASED oges 1 filled death. (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED KNEVER MARRIED completely lost birthday) 72 hours ofter FEMALE WIDOWED | DIVORCED [popers. 10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) puo pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cor physicion 2 remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address event ottending please 18. CAUSE OF DEATH | Enter only one cause of Tine for (a), (b), and (at-PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the DUE TO p permit. Canditians, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) WAS AUTOPSY cremation, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBÉ HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificote as the (IF EITHER, NOTIFY MEDICAL EXAMINER) burial, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) foctory, street, office bldg., etc.) use to b a. m. While Not while After this at wark at work ed for atended (Ne deceased fram_ 21. I certify that (1) (this hospital) 190 , and that death accurred at ned by the saw the degeased alive as M, fram the causes and an the date stated above. ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. Board PHYSICIAN 22d. ADDRESS should NAME (Type) poge 3 sh the Stote m FUNE BURIAL, CREMATION, 23b, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION town, or county) (City. REMOVAL (Specify) 000 0 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR MAR 1 4 '61 VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO NO

(State)

22b. DATE SIGNED

(Stote)

(County)

1961, that (1) (we) last

Months

ON A FARM?

YES NO D

Year

19 (01

death.

15M 9/59

37.58 The Honey will be the server of the server o A LINE MENNAGE OF and the second second second AND THE RESERVED TO THE PARTY OF THE PARTY O emichael Stranger of he washing to be

VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 3576

03569

1		COUNTY A / bc + MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adminion) b. COUNTO + ROLD B
	t .	D. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	b c. CITY OF TOWN (If autside cargotate limits, write RURAL and give nearest tawn)
3	(A. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION OR I	d. STREET ADDRÉSS DSX-2 e. IS RESIDENCE ON A FARM3 YES \(\text{NO} \) NO
1		NAME OF DECEASED First Middle Cohn Middle	Plison Lost Manth Day Year DEATH Mark 10 19 6
	S. S	WIDOWED DIVORCED	MAR 21, 1877 Bys. Manths Days Haurs Min.
		USUAL OCCUPATION (Give kind of yark dane dob. KIND OF BUSINESS OR IN during most of working life, even if mired)	MARYLAND WIT
		JAMES COLLDSON	14. MOTHER'S MAIDEN NAME COHER
		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17	Was Berta Collison, Dentos
		18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (b) DUE TO DUE TO (c)	Interval between onset and death
)	TIFICATION		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO RRED. (Enter noture of injury in Part I or Port II of item 18.)
	MEDICAL CERTI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)
		21. 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3/9 19/0/, and that 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Pipe) P. E. Cox M. D.	m. 2/25. 196/. to 3/4
	(on perton fund
1	24.	AUNTERAL PRINCETOR'S SIGNATURE LOVENSON PERSON	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATEAR 1 5 '61 Carling S. Kraus

Statement Cilledo La Marin La Ca 87 (181) LC >+ M == 1 1817 LS WALL SERVICE (TAKE) NEW YORK STATES STATES OF THE STATES O and a company of the company

MADYLAND STATE DEDADTMENT OF HEALTH

INITIAL PARTY	JIMIL	DEI WEII	AILIAI OI	HEALIN
DIVISION OF STATISTICA	L RESEARCH	AND RECOR	DS - BALTIA	ORE 1, MARYLAND
-	EDTIFICA	TE OF	DEATH.	

3577	CERTIFICATE OF DEAT
PLACE OF DEATH	2. USUAL RESIDENCE

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	3577	DAIL OF DEATH	1100111
V	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution:	Residence before admission)
	O. COUNTY TALBOT MARYLA	ND a. STATE maryling b. COUNTY	Carolina
1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate limits, write RURA	L ond give nearest tawn)
1	RURAL and give nearest fown)	Redoch	NC X-7
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	MEMORIAL HOSPITAL	March	YES NO
F	3. NAME OF First Middle	Last 4. DATE Month	Day Year
1	(Type or print) MC, ALEXANDEN	DAUSON DEATH MARCH	1 17 1961
ſ	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		JNDER 1 YEAR IF UNDER 24 HRS.
1	Male White WIDOWED DIVORCED	5-22-1893 67 yrs. Me	onths Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	aer Crast Mec. Retered	Tilas la.	4.5.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John Mauren	tuclovickens des	e Broke
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give wor or dates of service)	17. INFORMANT	1 Rickarly
1	120 YYY 1 203-32-212	9 Mrs. 6 mule d- Hayr	tox model
Ī	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]		INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: Culture of The	ctive compromede of R.	ungo 16 Teen
	S TI DUE TO		1
1	Canditions, if ony, which) (b) Club 6212	unalent Truckeof Lon	e6.
1	gove rise to immediate cause (o), stating the under-		
1	lying cause lost. (c)		
1	PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
	PAST OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAZ OR CONTRIBUTING CONTRIBUTING TO DEAZ 20g. ACCIDENT WAS ENDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	reece, us pepuse perce	Z- YES NO
	20g. ACCIDENT WAS INDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter noture of Injury in Port Vor Port II of item 18.)	
	Hour o. m. While Not while	le. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.)	(County) (State)
	p. m. 19 at work at work	7	
	21. I certify that (I) (this hoopijal) attended the deceased fr	om 100 (to 66672 ()	19_62, that (1) (we) last
		at death occurred at LPM, from the causes and o	
	220. SIGNATURE	ATTENDING MED STAFF	3 % DATE SIGNED
	22c. PHYSICIAN'S L	M.D. PHYS. DIRECTOR PHYS.	// 1
1	NAME (TYPE URT LEDERER	22d. ADDRESS QUEEN AN	VVE
1	22 CAUCHA COCHANION ON PATE PURPOS		
	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	RY OR CREMATORY 23d LOCATION (City, town, or co	Sounty) (State)
-	20 FUNERAL DIRECTOR'S SIGNATURE, (1) ADDRESS	250 BEGIN BY DECISTRAD ON BEGINTA	R'S SIGNATURE
-	ADDRESS SIGNATURE,	MA A MAD 22 161 0.	huy S. Knows
-	1.0. Moulain stelling hou	DATE MAR 22 01	2, 700-7

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be the death of the hospital or attending physician.

O FUNER CIPIED WAS After this certificate has been signed by the ottending physician and completely filled the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL moy be VR A1S (4) 15M 9/59

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

113573

	2570	CERTIFICA	IE OF DEATH	(,00,0)
0.	ACE OF DEATH TALKOT	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: a. STATE MARY Land b. COUNTY	talbot ?
	CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ausside carporote limits, write RURA	
d.	NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	tospital	d. STŘĚET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
DE	CEASED pe ar print) ROSIE	BROOKS 6	PLOVER 4. DATE Month	Day Year 3/ 196/
5. SEX	emale negro widow	ED DIVORCED	Feb. 23, 1886 75 yrs. M	UNDER 1 YEAR IF UNDER 24 HRS. anths Days Hours Min.
10a. U	ISUAL OCCUPATION (Give Kind of work dane libb. uring most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) MAYYIAS	12. CITIZEN OF WHAT COUNTRY?
13. FA	THER'S NAME I'LL AM Crome	vell	14. MOTHER'S MAIDEN NAME Millie Watking	5
15. W (Yes, n	AS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	36-06-7819	FORMANT Address	
	PART I. DEATH (Enter anly ane cause pool in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c)	rlingfell	rotte Cardinar	which I G
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	not related to the terminal disease condition given	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OG. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature af injury in Part I or Port II af item 18.)	
MEDICAL	Oc. TIME OF INJURY Month, Day, Year 20d. I Haur a.m. 19 While p. m. 19	Nat while fac	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) tary, street, affice bldg., etc.)	(Caunty) (State)
s	ow the deceased alive on the decease of the deceased alive on the	ded the deceased fram.		on the date stoted above.
	20, SIGNATURE COULD BY	t,	M.D. PHYS. STAFF 22d. ADDRESS	22b. DATE SIGNED
	NAME (Type)	f. D.	St. Michaels, Maryland	
23a E	BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL APY: 3, 1961	St. m: Ch		(State)
24 FL	ineral director's signature hiell	- Easter	0	AR'S SIGNATURE

TO BE TRIBET The Handle Thomas I all the services of the se THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COL Meryland Wash cilliens Crowwork and Malke Warkers 776 - - - - 015

the funeral directar, should be filed with

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ing physician and campletely filled eremove carban papers. Pages 1 event, within 72 haurs after death.

the attending Then please in any

hed by the haspital or attending physicion.

DIRECTOR: After this certificate has been signed by deed etached for use as the burial-transit permit.

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cremation, ar remaval,

priar to burial,

Board of Health

after death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

03574

3579	CERTIFICA	TE OF DEATH	10064
1. PLACE OF DEATH o. COUNTY TAILOT	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institute a. STATE MARYLAND b. COUNT	u A
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16		

FASTON d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR-INSTITUTION

F MARIA

CENTREVILLE RURAL d. STREET ADDRESS e. IS RESIDENCE ON A FARM?

1		1-101-11	1 1						The same of	-	
3	NAME OF DECEASED (Type or print)	First	Rie	Middle	Green	4. DATE OF DEATH	Man	th	Do	Y	Yeor 196 (
S	. SEX	6. COLOR OR RACE 7	- MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HRS
	FEMALE		VIDOWED [11 APRIL	1898	last birthdoy) 2 yrs.	Months	Doys	Hours	Min.
10	Oa. USUAL OCCUPATIO during masy of work	N (Give kind af wark daing life, even if retired) WIFE	ne 10b. KIND (OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign o		12. CI	TIZEN OF	WHAT!	COUNTRY
1:	3. FATHER'S NAME	Control of the Control of			14. MOTHER'S MAID						
	NATHAN	BENTO	N		KATHE	RINE	WALL	S			

NATHAN	BENION		MATHE	=17/NE	XVALLS
	'ER IN U. S. ARMED FORCES?		17. INFORMANT		Address
> 20	74	MONE	WILLIAM E	arecal	PELLIE

1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OCARDIAL INFARCTION IMMEDIATE CAUSE (a) DUE TO ORONARY ATHEROSCLEROSIS Conditions, if any, which gove rise to immediate DUE TO cause (o), stoting the under-

lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? CONGESTIVE YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of Injury in Part I or Port II of item 18.)

MEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while at wark ot wark p. m.

60 to 21. I certify that (I) (this hospital) attended the deceased fram and that death accurred at 33 M, from the causes and an the date stated above. saw the deceased alive an

220. SIGNATURE Kent you	ng M.	ATTENDING MED. DIRECTOR D	STAFF PHYS.	5 MARCH 196
22c. PHIS CIAN'S T. KENT	(Young	105 CHESTERFIELD	AVE.	CENTREVILLE M

23a. BURIAL, EREMATION, 23b. DATE THEREOF EMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CHESTE

Chilling S. Thank

page 3 shauld be the State Board TO FUNER VR A15 (4) 1SM 9/59

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STREET GRANT FIRE STADENTIAL CENTREDICE will be a subject of the subject of **等人长**战 a sure of sure of the STREET SKITCH COUNTY VISITABLE VISITABLE VISITABLE THE STREET STREET STREET STREET THE RESTRICT OF THE PROPERTY O The state of the s Committee of the state of the s O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be read to be a spital ar attending physician.

O FUNERAL MECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL TO FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH

	3580 DIVISIO	ON OF STATISTICAL I		OF DEATH	MORE 1, MARYL	AND	0357	~
1. PLACE OF DEATH o. COUNTY	lat		MARYLAND 2.	USUAL RESIDENCE (WE a. STATE Harry		If institution: Regid	ence before odmis	sion)
b. CIPTOR TOWN (IF	Ogtside corporate limits	s, write c. LENGTH OF	STAY IN 16	c. CIDY OR TOWN AF	aside torporote limit	ts, write RURAL on	d give nearest tow	n)
OR INSTITUTION	L (If nat in haspital, gi	ve street address)		d. STREET ADDRESS			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type ar print)	The	mad !	Middle	Hughen	4. DATE OF DEATH	Wich.	Doy	Year 1961
S. SEX-M	011	7. MARRIED MEVER	MARRIED 8. C	101/18/	79 9. AGE	(In years birthday) Months yrs.	Days Hours	
10a. USUAL OCCOPATION during most of warking	N (Give kind of work d ng life, even if retired) W	one 10b. AND OF BUSIN	Vem	11. BIRTHPLACE SHIPE	or foreign country)	240 12.0	TIZEN OF WHAT	COUNTRY
13. FATHER'S NAME	max/St	ash		Mangle Mangle	proles	Ball	ul	
IS. WAS DECEASED EVER	IN U. S. ARMED FORCE yes, give war or dates of se	TES? 16. SOCIAL SECURI	TY NO. 17. INFO	RMANT HOKES	Hughe	Address Oax	to Me	16
PART I. DEAT	H [Enter only one country was CAUSED BY:	use per line for (a), (b), or	nd (c).]	il kefar	the state of the s		INTERVAL BONSET AND	DEATH
Conditions, if on gave rise to im	DUE TO	arteri	orele	roter &	eart à	Die	20 10	ye
couse (o), stating the lying couse lost.	ne under- DUE TO (c)							
PART II. OTHE	R SIGNIFICANT CONE	DITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN P.	PERF	AUTOPSY ORMED?
	CALISE OF DEATH	20b. DESCRIBE HOW INJ	URY OCCURRED. (Enter noture of injury in	Part I or Port II of it	em 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yea	While Nat while ot wark		OF INJURY (Hame, farm y, street, office bldg., etc		n)	(County)	(State
21. I certify that	-	attended the dece		th accurred at 6 p	M, from the co		6(, that (I)	
22o. SIGNATURE	132	01	M.C	ATTENDING MA	ED. STAI	SF S. 🗆	2	2b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)		/		22d. ADDRESS				

BURIAL, CREMATION, REMOVAL (Specify)

OR'S SIGNATURE

25b. REGISTRAR'S SIGNATURE

250. REO D BY REGISTRAR

Cothur & Kraus

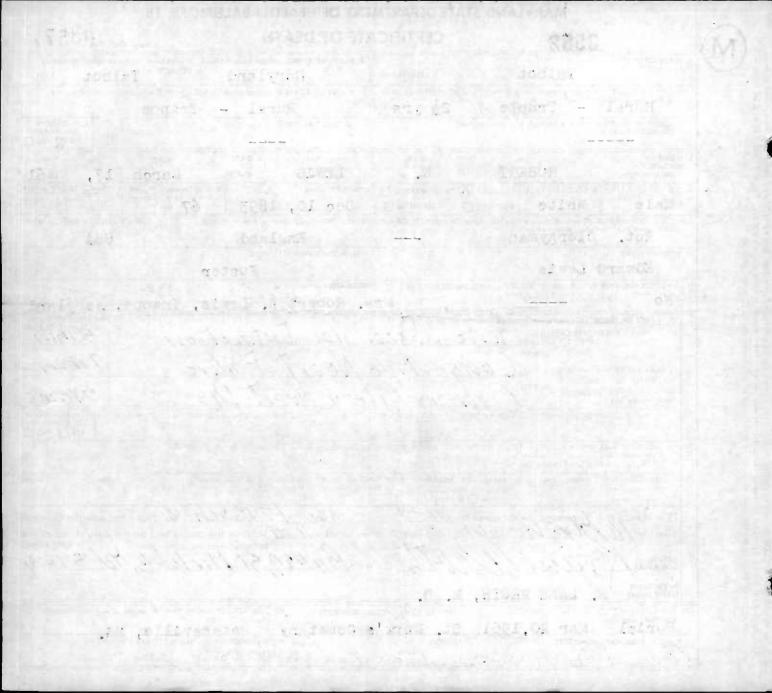
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Talbot MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporata limits, write RURAL and give nearest town) and give nearest town) Easton 34 hrs. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital 1838 North YES NO THE 3. NAME OF DECEASED Middle 4. DATE Year registr (Type or print) James Wesley Jackson DEATH March 19 6] 6 for retained fa 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 1902 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Colored WIDOWED DIVORCED T June 58 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working tife, even if retired) Undertaker Pe Laborer Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred Jackson Lizzie MC Cready 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address wife same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Crushing injury to chest c.extensive to 35hrs. MMEDIATE CAUSE (a) damage to lungs DUE TO automobile accident Canditians, if any, which alang w gave rise la immediate couse DUE TO (a), stating the underlying cause last pending in 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 80 PERFORMED? used YES T NO R Exominer's 20g. EXTERNAL CAUSE WAS PRIMARY LAGO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) be Driver of car in head-on collision on route 50 Q.A.C. Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) 20c. TIME OF INJURY (County) (Stote) writing the withing the William Medical E factory, street, office bldg., etc.) While 19 6 1 of work at work Stevensville Q.A 21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection K, Inquiry X, and find that to the Chief death resulted from: Natural couses . Accident X, Suicide , Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 3/7/61 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) GLWC 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) 0 Christ Rock Cemetery Buria /11/1961 Dorchester County Md. FUNERAL DIRECTOR'S ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATEMAR 1 3 '61 Cambridge Md. arthur & Three 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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)	1. PLACE OF DEATH O. COUNTY ALLOW MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY 14 hb o T	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON OAT.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
2	d. NAME OF HOSPITAL (If got in hospital, give street address) OR INSTITUTION OR OR INSTITUTION OR OR INSTITUTION	STREET ADDRESS CHESINUT 6. IS RESIDER ON A FAI YES N	RM?
	3. NAME OF DECEASED (Type or print) JEAN L. Middle	Miller 4. DATE Month Day Year OF DEATH MAR. 24 190	61
	S. SEX ALE 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED	MAY 16,1886 74 yrs.	Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- JULING most of working life, even if retired) 13. FATHER'S NAME	NEW YORK CITY, MY U.S.A	NTRY?
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. IN	OF CHIL Our St. mighaels. In	d
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. (c)	Hemperlage Sales	EEN ATH
	САТІС	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT PERFORMING PROPERTY OF PART 1 (0) 19.	OPSY D?
	20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	(Stote
	220. SIGNATURE	M.D. PHYS. MED. PHYS. DIRECTOR PHYS. 3/25	ATE OME OME ONE OME
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL (Specify) 3-27-6/	10 1000	l
1	24. FUNÉRAL DIRECTOR'S SIGNATURE JAAMbelton Harris, St. M.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles DATHAR 3 0 '61 Online & Kraus	
		WUCU,	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be if each by the haspital ar attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be ned by the hospital ar attending physicion.	page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages I and 2 should be The with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MA DIVISION OF	RYLAND STATE D	EL VICINIELLI OI	HEALTH MORE 1, MARYLAND	
	3584	***************************************	TE OF DEATH		03570
	1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE MA	nere deceased lived. If institution b. COUNTY	con: Residence before admission) Caroline
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY, IN 16	c. CITY OR TOWN (IF a	outside carporote limits, write R - Y	02X-7
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION MEM OR A	HOSP, TAI	d. STREET ADDRESS	None	e. IS RESIDENCE ON A FARMY YES NO
2	3. NAME OF DECEASED (Type or print) Kennak	Middle	PARKS	4. DATE OF DEATH	R. 4 1961
	5. SEX / 6. COLOR OR RACE 7. MAR White WIDOW		8. DATE OF BIRTH 3-12-1898	9. AGE (In years lart bythday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Carpenter	. KIND OF BUSINESS OR INDUS None	Marylar Marylar		U.S.A.
1	13. FATHER'S NAME Wm. Bruner:	Parks Sr.	Sadie II		
)	(Yes, no, or unknown) (If yes, give war or dates of service)		ilda Parks		ress aryland
	18. CAUSE OF DEATH [Enter anly one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		of Fail	ure -	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> (b) DUE TO (c)	wiel Ext.	ensure Va	loulay dan	age 2041s.
)	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition gi	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1B.)	
	Haur o.m. While	I.	ACE OF INJURY (Home, farm ctory, street, office bldg., etc		(County) (State
	21. I certify that (I) (this haspital) attens saw the deceased alive an 226/SIGNATURE	1.1	leath accurred at		19, that (I) (we) last and an the date stated abave 22b. DATE SIGNED
3	72c. PHYSICIAN'S NAME (Type) Charles Winnac		M.D. ATTENDING MPHYS. D	PLOGELY	MARYLAND
	23g. BURIAL, CREMATION, 23b. DATE THEREOF BUT181 3-7-61	Greensbord		Greensboro	or county) , Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS M	. 0		STRAR'S SIGNATURE
	The state of the	Charles II			a I yana

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Total Service Transport	13 day 7			

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	1	4	P.	/	

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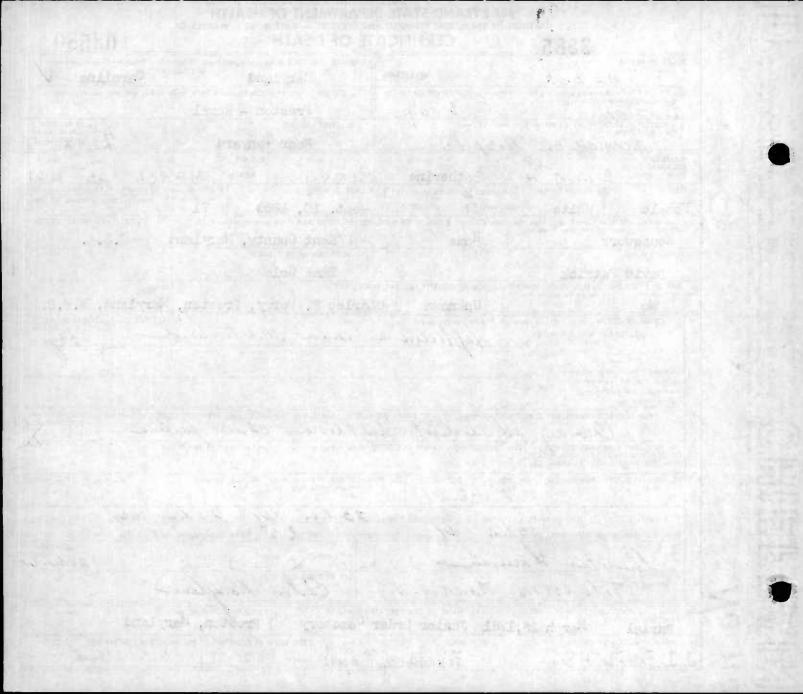
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

SIMILAND VESTAVOLI VIAN U	LCONDS	- DALII
CERTIFICATE	OF D	EATH

03580

1. PLACE OF DEATH O. COUNTY AL bot	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	
EASION	0 0000	Preston - Rural
d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION	address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Memorial Hos	pital.	Near lanyard
3. NAME OF First DECEASED	Middle	Last 4. DATE Month Day Yeor
(Type or print) EMM A	Catherine	PERRY DEATH MARCH 23 1961
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min.
Female White WIDOWE	D DIVORCED	Sept. 10, 1889 71 yrs. Months boys Hours
10o. USUAL OCCUPATION (Give kind of wark done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDI	OUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housework	Home	Kent County, Maryland U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
David Patrick		Emma Cole
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	Unknown (Charles F. Perry, Preston, Maryland, R.F.D.
18. CAUSE OF DEATH [Enter only one cause per lin	ne far.(a). (b). and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Sapticles in	a cause midetermined ONSET AND DEATH
IMMEDIATE CAUSE (o)	Per	
Conditions if any which		
gave rise to immediate (
couse (a), stating the <u>under-</u> lying couse last.		
10	ONTRIBUTING TO DEATH BL	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	11 11	lea this lave alener far live PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Haur a. m. While of worl		PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State factory, street, office bldg., etc.)
p. m. 19 of world		
21. I certify that (I) (this hospital) attend	led the deceased from	20 har 1961, to 23 haz, 1941, that (1) (we) los
		death occurred of 15 M, from the couses and on the date stated above
220. SIGNATURE		22h DATE
Musichan Hacier	Ke	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 25 Mass C
22c. PHYSICIAN'S	1	22d. ADDRESS A
NAME (TYPE) HORSTON	TARRISON	Cartan hangland
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	
REMOVAL (Specify) March 25.1961	Junior Orde	er Cemetery Preston, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24. TOTALAL DIRECTOR 3 SIGNATURE	ADDRESS	ZOG. REC D BY REGISTRAR ZOB. REGISTRAR S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3586 CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND funeral c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) shauld e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION MORIA YES NO IZ 105 and NAME OF First Middle 4. DATE Year Month Day DECEASED OF DEATH Pages 1 campletely filled death. (Type ar print) 19 010 STON IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Hours WHITE MEMALE DIVORCED [WIDOWED [61 yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? hours during mast of working life, even if retired) ONNI HOUSEWI puo carban 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician within remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address event. attending please any 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 8/116 IMMEDIATE CAUSE (o). pup the DUE TO emoval Conditions, if ony, which permit gned gave rise to immediate DUE TO cause (a), stating the under-After this certificate has been si lying couse lost. buriol-transit hospital ar attending physician 10 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY crematian, PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 1B.) as the ! (IF EITHER, NOTIFY MEDICAL EXAMINER) burial, 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) use foctory, street, office bldg., etc.) Hour o. m. While Nat while 0 at work p. m of work detached for 21. I certify that (1) (this haspital) attended the deceased fram. Health and that death accurred at M. from the causes and an the date stated above. saw the deceased alive an by the DIRECTOR: 22a. SIGNATURE 22b DATE SIGNED ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR af pe M.D. peu Board 22c. PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type poge 3 sh the State TO FUNER 23b. DATE THEREOF BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE MAR 1 4 '61 15M 9/59

Page

ofter death.

executed within 24

law requires that the deoth certificate be

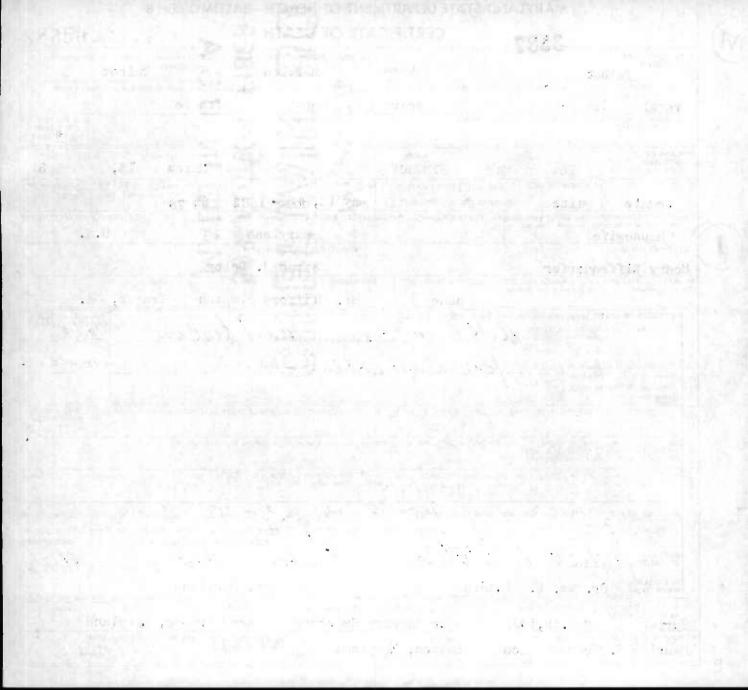
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SER . COMMITTEE OF SEATH Tedian brasygaph was seeing to be the Dought a said Advisor I about a significant Age TEVAL ETWIES TOLENA TO A TOLENA STAND STAND Alle The of the Charles delivered well and the land the best of the bes And a legislation of the state **新教** plants of the state of the second of the second of the Classification of his secret with the second second second

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	358	7	CEKTIFIC	LAIL	OF DEAT	Н		Reg. Dis	st. No.	135	52
1. PLACE OF DEATH o. COUNTY	Lbot		MARYLANI		STATE Maryla		d lived. If instituti b. COUNTY			odmission	
	L (If outside corporate lim	its. write	c. LENGTH OF STAY IN 1	h	CITY OR TOWN (IF		rote limite write P			t town)	
RURAL ond give	nearest tawn)				Rural	ouiside corpo	Trappe	OKAL OIIO Į	give neures	i iowii)	
d. NAME OF HOSE	Trape PITAL (If not in hospital,	aive street	years years	1	d. STREET ADDRESS		Trappe			S RESIDE	NCE
OR INSTITUTION	V				, one of the original origina					ON A FA	RM?
3. NAME OF DECEASED (Type or print)	IDA	rst MAY	Middle SIMPSON		Last	4. DATE OF DEATH	March	15	Day	Yea 19	
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years		1 YEAR IF	UNDER 2	4 HR
female	white	WIDOW	DIVORCED [Ma	y 12, 180	1882	lost birthdoy)	Months	Days H	lours	Min.
10a. USUAL OCCUPAT during most of wo	orking life, even it refired	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote		ountry)	12. CITI	ZEN OF W		NTRY
13. FATHER'S NAME	IIC			14.	MOTHER'S MAIDEN				0.00		
Hamme Diff	fondonfon					J. Dol	by				
Henry Dift	VER IN U. S. ARMED FOI	RCF52 16	SOCIAL SECURITY NO.	INFOR		J. DOI	Add	ratt	-		
(Yes, no, or unknown)	(If yes, give wor or dates of		none		r. Cliffor	rd Simp		rappe	. Md.		
18. CAUSE OF D	EATH [Enter only one co	ouse per lin	ne for (o) (b), and (c).			-	_			AL BETW	EEN
	EATH WAS CAUSED BY:	17	140 -100		Alo.	and 1	Junão.	0		AND DE	
Conditions, if gove rise to couse (o), stoting lying couse last	any, which immediate g the under-	ge.	neralized	ar	deric se	leron			10	yea	5
PART II. O			ONTRIBUTING TO DEATH B					'EN IN PART	1	WAS AUT PERFORMI	ED?
20c. TIME OF INJU Hour o. m. p. m.	JRY Month, Doy, Ye	ear 20d. It While at wart	Not while	PLACE C factory,	OF INJURY (Home, far street, office bldg., et	m, 20f. (City	or town)	(C	County)		(Stote
	that I attended the 3-14- What A Dr. Wm. L.	_, 12 G	and that dec	ath occ	Ensto	ADDRESS (St	the causes an reet, city or town,	d on the			
	ION, 22b. DATE THEREO		22c. NAME OF CEMETERY Upper Bambu	-			Trappe,		land	(Stote)	
23. FUNERAL DIRECTO			ADDRESS Easton, Ma		24a. REC	ARY SEGIST	RAR 24b. REGI	STRAR'S SIC	GNATURE		



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(County)

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e. IS RESIDENCE ON A FARM?

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INTERVAL BETWEEN

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4, 22hi

PERFORMED?

YES NO

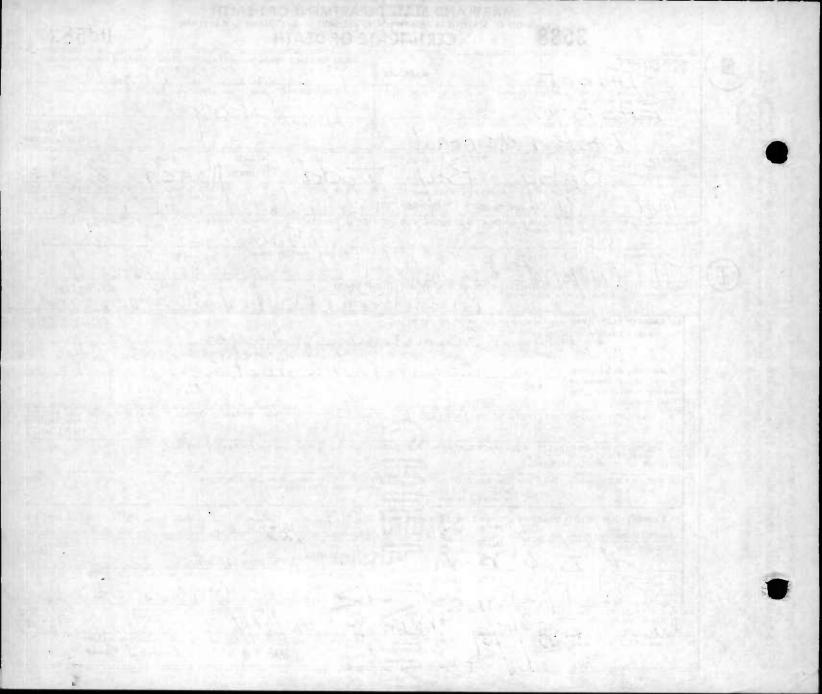
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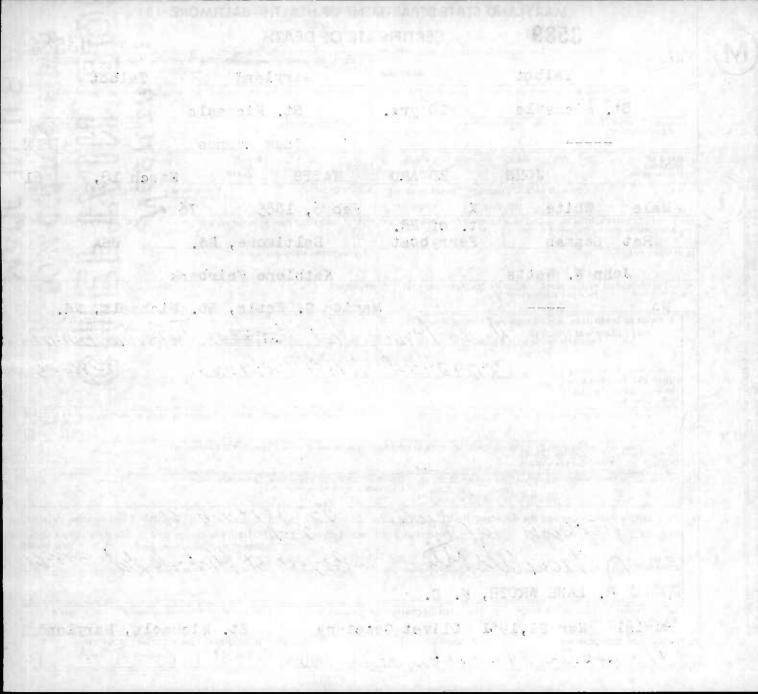
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NDING PHYSICIAN: The law requires that the death certificate be executed within 24 miss after death. Page 4	e hospital or attending physicion. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, ched for use as the buriot-transit permit. Then please remove carbon papers. Pages I and 2 should be filled that
NO.	Aft.
Z	a U

3589 CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY b. COUNTY Talbot MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) St. Michaels Vrs. d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Chew Avenue NAME OF 4. DATE First Middle Last Month DECEASED JOHN EDWARD WATTS DEATH (Type ar print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) DIVORCED [Male WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. SHD OF SHINES OR INDUSTRY BIRTHPLACE (State or foreign country) during mast af working life, even if retired) Ret Seaman Ferryboat Baltimore. Md. 13. FATHER'S NAME Kathlene Fairbank John W. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address No 1B. CAUSE OF DEATH [Enter anly one cause per fine far (g), (b), and (c).] PART I. DEATH WAS CAUSED BY:

[IMMEDIATE CAUSE (a)] DUE TO Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year factory, street, office bldg., etc.) MEDI Haur a. m. Nat while at wark at wark . 21. I certify that Lattended the deceased from alive on DIRECTOR det ACTUAL SIGNATURE should PHYSICIAN'S LANE WROTH. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial Olivet Cemetery .1961 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR MAR 22 '61 VS A15 (4) 15M 9/S8

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Talbot. c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO W Day Year March 18 19 61 IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days 12. CITIZEN OF WHAT COUNTRY? USA Michaels. Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T (Caunty) (State) LCL, 196/that I last saw the deceased and that/death accurred at 2.49 AM, from the causes and an the date stated above. DATE SIGNED 22d. LOCATION (City, tawn, ar caunty) 24b. REGISTRAR'S SIGNATURE

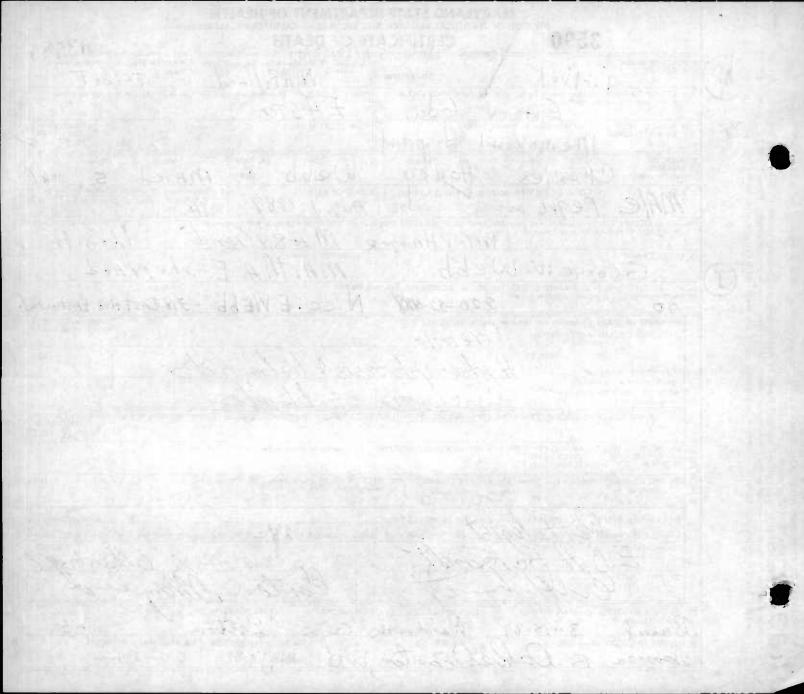
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH A	EPARTMENT OF HEAL ND RECORDS — BALTIMORE 1, TE OF DEATH		03585
MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE NARY)	d liyed. If institution: Resider b. COUNTY A	nce before admission)
the limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If jourside corpor	prote limits write RURAL ond	give nearest town)
pital, give street oddress) Hospital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO (2)
First Henry	Webb 4. DATE OF DEATH	MAKL	Day Year 5 196/
RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug, 1, 1887	9. AGE (In years lost birthday) 73.74 yrs. IF UNDER Months	Doys Hours Min.
work done 10b. KIND OF BUSINESS OR INDUSTRIETED	STRY 11. BIRTHPLACE (State or foreign of	ountry) 12.CIT	L.S.A.
w. Webb	14. MOTHER'S MAIDEN NAME MAYTHA	E. Sheppi	Ard
D FORCES? 16. SOCIAL SECURITY NO. 17. IN lotes of service 226-32-0188	Nicci E WEb	b - 318 EAST	AVE. Enston, and.
one couse per line for (o), (b), and (c).] D BY: USE (o)			INTERVAL BETWEEN ONSET AND DEATH
(b) Hydronerbo	0515 & hylso 0	retex	
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PLACE OF DEATH o. COUNTY b. CITY OR TOWN (If outside corpore RURAL and give neorest town) d. NAME OF HOSPITAL (If not in hos OR INSTITUTION NAME OF DECEASED (Type or print) 6. COLOR OR 5. SEX 10a. USUAL OCCUPATION (Give kind o during most of working life, even if 13. FATHER'S NAME Corge 15. WAS DECEASED EVER IN U. S. ARME 20 1B. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSE IMMEDIATE CA Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RÉLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while 19 ot work of work p. m. ______ 19___, that (I) (we) lost 21. I certify that (this hospital) attended the deceased from M, from the causes and on the date stoted above. and that death occurred of & sow the deceased alive on 22o. SIGNATUR 22b. DATE ATTENDING PHYS. STAFF M.D. DIRECTOR _ 22c. PHYSICIAN'S 22d. ADDRES NAME (Type 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town, or opunty) 23c. NAME OF CEMETERY OR CREMATORY (Stote) EMOVAL (Specify) 5-24. FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DAMAR 1 4 Circhar S. Thous

VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY be filed MARYLAND funeral c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest tawa) should d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF Middle 4. DATE Manth filled DECEASED Pages death. (Type ar print) DEATH 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH campletely last birthday) after a WIDOWED -DIVORCED [papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) hours during most/of working life, even if retired) Water MAN and carban 72 13 FATHER'S NAME MOTHER'S MAIDEN NAME physician remave 17 INFORMAN WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending please CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** þ permit. Canditians, if any which (b) signed gave rise to immediate DUE TO cause (a), stating the underlying cause last the burial-transit physician E has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY crematian, 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) SD 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.) P Haur a. m. While Nat while After this at wark gh-wark p. m detached far (this haspital) attended the deceased fram. ____, 19___, that (I) (we) last and that death accurred at 11. 17th, from the causes and an the date stated above. saw the deceased ative DIRECTOR: 22a. SIGNATUR ATTENDING PHYS. STAF pe af M.D. DIRECTOR | Board 22c. PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type FUNERAL tate 230-BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY LOCATION (City, Jown, ar caunty) page the Sta REMOVAL (Specify) Pem C.5

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

Day

Days

(County)

25b. REGISTRAR'S SIGNATURE

Orthug & House

25a. REC'D BY, REGISTRAR

DATEAPR 6

Manths

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

QY

(State)

ON A FARM?

YES NO

Year

19

W 70

10 VR A15 (4) 15M 9/59

24. FUMERAL DIRECTOR'S SIGNATUS

Water Least worth

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3592 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()3587

	PLACE OF DEATH	2. USUAL RESIDENCE (Whare daceasad livad, If institution: Res	idence before admission)
1	county TAI bot MARYLAND	a. STATE DOWN COUNTY	olina
1	b. CITY OR TOWN (if outside corporate limits.	c. CITY OR TOWN (If outside corporata limits, write RURAL and g	OTTIE
	write RURAL and give nearest town)	Rural Henderson	9
	E ASTEN O Nr. J Min		V ~
11	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straal addrass)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
10	Memorial Hospital	None .	YES NO
	NAME OF First Middle		Day Yaar
	DECEASED (Typa or print) Toso bh	PASE DEATH MAN	27 1961
	USSEPT ZEDI	DATE OF BIRTH 19. AGE (In years IF UNDER 1 YE	
1 "	THE TANK THE PROPERTY OF THE PARTY OF THE PA	1000 last birthday) Months Da	
	OTO WIDOMED FT DIVOKCED 1	/Z yrs.	
10a	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR		N OF WHAT COUNTRY?
H	arm Laboror None	Russia	nknown
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1			
15.	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		
(Ye	(Yes no or unknwn) [[fvatgivawarordatasofsen/ga]]		
			encon, ma
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	, 1,	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN MEDIATE C	ses Teneraliza-	years-
	45 DUE TO		
	Conditions, if any, which (b)		
	gave risa to immadiata cause		
	(a), slating the underlying DUE TO		
-	cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY		
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	PERFORMED?
CERTIFICATION			YES NO
E	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E	ntar natura of injury in Part I or Part II of itam 18.)	
CAUSE OF DEATH.			
1		CE OF INJURY (Home, farm, † 20f. (City or town) (County) (Stata)
MEDICAL	Hour s.m. Whila Not Whila factory, street, office bldg., atc.)		
1	p.m. 19 at work at work		
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion		
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER			
	ACTUAL AUS ON THE ORIGINAL	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE AMOSEN OF LONG	DEPUTY MEDICAL EXAMINER	2 27 61
	examiner's name (Type) Dawson O. George	Addrass (Streat, city, town, or county)	3-21-01
22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(State)
REMOVAL (Specify)			
Burial 3-29-61 Greensboro Greensboro, Maryland 24 FUNERAL DIRECTOR A ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE			
12((C) O · VII O · VIIIA		
1	J. G. Doulses Treessore, Md. DATEMAR 29'61 Cultury S. Man		
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